

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# S. 1569

To amend the Public Health Service Act to establish, reauthorize and revise provisions to improve the health of individuals from disadvantaged backgrounds, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 19 (legislative day, OCTOBER 13), 1993

Mr. KENNEDY (for himself and Mr. HATCH) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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## A BILL

To amend the Public Health Service Act to establish, reauthorize and revise provisions to improve the health of individuals from disadvantaged backgrounds, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; REFERENCE; TABLE OF CON-**  
4 **TENTS.**

5 (a) SHORT TITLE.—This Act may be cited as the  
6 “Preventive Health Services and Health Professions  
7 Amendments Act of 1993”.

1 (b) REFERENCE.—Except as otherwise expressly pro-  
 2 vided, whenever in this Act an amendment or a repeal is  
 3 expressed in terms of an amendment to, or a repeal of,  
 4 a section or other provision, the reference shall be consid-  
 5 ered to be made to a section or other provision of the Pub-  
 6 lic Health Service Act (42 U.S.C. 201 et seq.).

7 (c) TABLE OF CONTENTS.—The table of contents is  
 8 as follows:

Sec. 1. Short title; reference; table of contents.  
 Sec. 2. Findings.

#### TITLE I—HEALTH POLICY

Sec. 101. Office of Minority Health.  
 Sec. 102. Agency Offices of Minority Health.  
 Sec. 103. State Offices of Minority Health.  
 Sec. 104. Assistant Secretary of Health and Human Services for Civil Rights.

#### TITLE II—HEALTH SERVICES

Sec. 201. Community scholarship programs.  
 Sec. 202. Health services for residents of public housing.  
 Sec. 203. Issuance of regulations regarding language as impediment to receipt  
 of services.  
 Sec. 204. Health services for Pacific Islanders.

#### TITLE III—HEALTH PROFESSIONS

Sec. 301. Loans for disadvantaged students.  
 Sec. 302. Cesar Chavez scholarship program.  
 Sec. 303. Thurgood Marshall scholarship program.  
 Sec. 304. Loan repayments and fellowships regarding faculty positions at  
 health professions schools.  
 Sec. 305. Centers of excellence.  
 Sec. 306. Educational assistance regarding undergraduates.  
 Sec. 307. Area health education centers.

#### TITLE IV—RESEARCH AND DATA COLLECTION

Sec. 401. Office of Research on Minority Health.  
 Sec. 402. National Center for Health Statistics.  
 Sec. 403. Activities of Agency for Health Care Policy and Research.

#### TITLE V—MISCELLANEOUS

Sec. 501. Revision and extension of program for State Offices of Rural Health.  
 Sec. 502. Technical corrections relating to health professions.  
 Sec. 503. Clinical traineeships.

Sec. 504. Demonstration project grants to States for alzheimer's disease.  
 Sec. 505. Medically underserved area study.  
 Sec. 506. Programs regarding birth defects.

#### TITLE VI—GENERAL PROVISIONS

Sec. 601. Effective date.

### 1 **SEC. 2. FINDINGS.**

2       Section 1(b) of the Disadvantaged Minority Health  
 3 Improvement Act of 1990 (42 U.S.C. 300u-6 note) is  
 4 amended to read as follows—

5       “(b) FINDINGS.—Congress finds that—

6               “(1) the health status of individuals from racial  
 7 and ethnic minorities in the United States is signifi-  
 8 cantly lower than the health status of the general  
 9 population and has not improved significantly since  
 10 the issuance of the 1985 report entitled “Report of  
 11 the Secretary’s Task Force on Black and Minority  
 12 Health”;

13              “(2) racial and ethnic minorities are dispropor-  
 14 tionately represented among the poor;

15              “(3) racial and ethnic minorities suffer dis-  
 16 proportionately high rates of cancer, heart disease,  
 17 diabetes, substance abuse, acquired immune defi-  
 18 ciency syndrome, and other diseases and disorders;

19              “(4) the incidence of infant mortality among  
 20 African Americans is almost double that for the gen-  
 21 eral population;

1           “(5) Mexican-American and Puerto Rican  
2 adults have diabetes rates twice that of non-His-  
3 panic whites;

4           “(6) a third of American Indian deaths occur  
5 before the age of 45;

6           “(7) according to the 1990 Census, African  
7 Americans, Hispanics, American Indians, and Asian/  
8 Pacific Islanders constitute approximately 12.1 per-  
9 cent, 9 percent, 0.08 percent, and 2.9 percent, re-  
10 spectively, of the population of the United States;

11           “(8) minority health professionals have histori-  
12 cally tended to practice in low-income areas, medi-  
13 cally underserved areas, and to serve racial and eth-  
14 nic minorities;

15           “(9) minority health professionals have histori-  
16 cally tended to engage in the general practice of  
17 medicine and specialties providing primary care;

18           “(10) reports published in leading medical jour-  
19 nals indicate that access to health care among mi-  
20 norities can be substantially improved by increasing  
21 the number of minority professionals;

22           “(11) diversity in the faculty and student body  
23 of health professions schools enhances the quality of  
24 education for all students attending the schools; and

1           “(12) health professionals need greater access  
2           to continuing medical education programs to enable  
3           such professionals to upgrade their skills (including  
4           linguistic and cultural competence skills) and im-  
5           prove the quality of medical care rendered in minor-  
6           ity communities.”.

## 7           **TITLE I—HEALTH POLICY**

### 8   **SEC. 101. OFFICE OF MINORITY HEALTH.**

9           Section 1707 (42 U.S.C. 300u-6) is amended by  
10          striking subsection (b) and all that follows and inserting  
11          the following:

12          “(b) DUTIES.—With respect to improving the health  
13          of racial and ethnic minorities, the Secretary, acting  
14          through the Deputy Assistant Secretary for Minority  
15          Health, shall carry out the following:

16                 “(1) Establish short-range and long-range goals  
17                 and objectives and coordinate all other activities  
18                 within the Department of Health and Human Serv-  
19                 ices that relate to disease prevention, health pro-  
20                 motion, service delivery, and research concerning  
21                 such individuals. The heads of the operating divi-  
22                 sions of the Department of Health and Human  
23                 Services and the heads of Public Health Service  
24                 agencies shall consult with the Deputy Assistant  
25                 Secretary for Minority Health to assist in the coordi-

1 nation of all activities within the Department as  
2 they relate to disease prevention, health promotion,  
3 service delivery, and research concerning such indi-  
4 viduals.

5 “(2) Carry out the following types of activities  
6 by entering into interagency agreements with other  
7 agencies of the public health service:

8 “(A) Support research, demonstrations and  
9 evaluations to test new and innovative models.

10 “(B) Increase knowledge and understand-  
11 ing of health risk factors.

12 “(C) Develop mechanisms that support  
13 better information dissemination, education,  
14 prevention, and service delivery to individuals  
15 from disadvantaged backgrounds, including ra-  
16 cial and ethnic minorities.

17 “(3) Establish a national minority health re-  
18 source center to carry out the following:

19 “(A) Facilitate the exchange of informa-  
20 tion regarding matters relating to health infor-  
21 mation and health promotion, preventive health  
22 services, and education in the appropriate use  
23 of health care.

24 “(B) Facilitate access to such information.

1           “(C) Assist in the analysis of issues and  
2           problems relating to such matters.

3           “(D) Provide technical assistance with re-  
4           spect to the exchange of such information (in-  
5           cluding facilitating the development of materials  
6           for such technical assistance).

7           “(4) Establish a national center that shall carry  
8           out programs to improve access to health care serv-  
9           ices for individuals with limited English proficiency  
10          by facilitating the removal of impediments to the re-  
11          ceipt of health care that result from such limitation.

12          “(5) With respect to awards of grants and con-  
13          tracts that are available under certain minority  
14          health programs, establish a program—

15               “(A) to inform entities, as appropriate,  
16               that the entities may be eligible for the awards;

17               “(B) to provide technical assistance to  
18               such entities in the process of preparing and  
19               submitting applications for the awards in ac-  
20               cordance with the policies of the Secretary re-  
21               garding such application; and

22               “(C) to inform populations, as appropriate,  
23               that members of the populations may be eligible  
24               to receive services or otherwise participate in  
25               the activities carried out with such awards.

1 “(c) ADVISORY COMMITTEE.—

2 “(1) IN GENERAL.—The Secretary shall estab-  
3 lish an advisory committee to be known as the Advi-  
4 sory Committee on Minority Health (in this sub-  
5 section referred to as the ‘Committee’).

6 “(2) DUTIES.—The Committee shall provide  
7 advice to the Secretary on carrying out this section,  
8 including advice on the development of goals and  
9 specific program activities under subsection (b)(1)  
10 for each racial and ethnic group.

11 “(3) CHAIRPERSON.—The Deputy Assistant  
12 Secretary for Minority Health shall serve as the  
13 Chairperson of the Committee.

14 “(4) COMPOSITION.—The Committee shall be  
15 composed of no fewer than 12, and not more than  
16 18 individuals, who are not officers or employees of  
17 the Federal Government. The Secretary shall ap-  
18 point the members of the Committee from among in-  
19 dividuals with expertise regarding issues of minority  
20 health. The membership of the Committee shall be  
21 equitably representative of the various racial and  
22 ethnic groups. The Secretary may appoint represent-  
23 atives from selected Federal agencies to serve as ex  
24 officio, non-voting members of the Committee.

1           “(5) TERMS.—Each member of the Committee  
2           shall serve for a term of 4 years, except that the  
3           Secretary shall initially appoint a portion of the  
4           members to terms of 1 year, 2 years, and 3 years.

5           “(6) VACANCIES.—If a vacancy occurs on the  
6           Committee, a new member shall be appointed by the  
7           Secretary within 90 days from the date that the va-  
8           cancy occurs, and serve for the remainder of the  
9           term for which the predecessor of such member was  
10          appointed. The vacancy shall not affect the power of  
11          the remaining members to execute the duties of the  
12          Committee.

13          “(7) COMPENSATION.—Members of the Com-  
14          mittee who are officers or employees of the United  
15          States shall serve without compensation. Members of  
16          the Committee who are not officers or employees of  
17          the United States shall receive, for each day (includ-  
18          ing travel time) they are engaged in the performance  
19          of the functions of the Committee, compensation at  
20          rates that do not exceed the daily equivalent of the  
21          annual rate in effect for grade GS-18 of the General  
22          Schedule under title 5, United States Code.

23          “(d) CERTAIN REQUIREMENTS REGARDING DU-  
24          TIES.—

1           “(1) RECOMMENDATIONS REGARDING LAN-  
2       GUAGE AS IMPEDIMENT TO HEALTH CARE.—The  
3       Secretary, acting through the Director of the Office  
4       of Refugee Health, the Director of the Office of Civil  
5       Rights, and the Director of the Office of Minority  
6       Health of the Health Resources and Services Admin-  
7       istration, shall make recommendations regarding ac-  
8       tivities under subsection (b)(4).

9           “(2) EQUITABLE ALLOCATION REGARDING AC-  
10      TIVITIES.—In awarding grants or contracts under  
11      section 340A, 724, 737, 738, or 1707, the Secretary  
12      shall ensure that such awards are equitably allocated  
13      with respect to the various racial and ethnic popu-  
14      lations.

15          “(3) CULTURAL COMPETENCY OF SERVICES.—  
16      The Secretary shall ensure that information and  
17      services provided pursuant to subsection (b) are pro-  
18      vided in the language and cultural context that is  
19      most appropriate for the individuals for whom the  
20      information and services are intended.

21          “(4) PEER REVIEW.—The Secretary shall en-  
22      sure that each application for a grant, contract or  
23      cooperative agreement under section 340A, 724,  
24      737, or 1707 undergoes appropriate peer review.

1       “(e) REPORTS.—Not later than January 31 of fiscal  
2 year 1995 and of each second year thereafter, the Sec-  
3 retary shall submit to the Congress a report describing  
4 the activities carried out under this section during the pre-  
5 ceding 2 fiscal years and evaluating the extent to which  
6 such activities have been effective in improving the health  
7 of racial and ethnic minorities.

8       “(f) GRANTS AND CONTRACTS REGARDING DU-  
9 TIES.—

10       “(1) AUTHORITY.—In carrying out subsection  
11 (b), the Secretary may enter into contracts with  
12 public and nonprofit private entities for activities de-  
13 scribed in paragraphs (3) and (4) of subsection (b).

14       “(2) EVALUATION AND DISSEMINATION.—The  
15 Secretary shall, directly or through contracts with  
16 public and private entities, provide for evaluations of  
17 projects carried out with financial assistance pro-  
18 vided under paragraph (1) during the preceding 2  
19 fiscal years. The report shall be included in the re-  
20 port required under subsection (e) for the fiscal year  
21 involved.

22       “(g) DEFINITION.—As used in this section, the term  
23 ‘racial and ethnic minority group’ means Hispanics,  
24 Blacks, Asian Americans, Pacific Islanders, Native Ameri-  
25 cans, and Alaskan Natives. The term ‘Hispanic’ means in-

1 individuals whose origin is Mexican, Puerto Rican, Cuban,  
 2 Central or South American, or any other Spanish-speak-  
 3 ing country, including Spain or the Caribbean Islands, and  
 4 individuals identifying themselves as Hispanic, Latino,  
 5 Spanish, or Spanish-American.

6 “(h) FUNDING.—

7 “(1) AUTHORIZATION OF APPROPRIATIONS.—

8 For the purpose of carrying out this section, there  
 9 is authorized to be appropriated \$20,500,000 for fis-  
 10 cal year 1994, and such sums as may be necessary  
 11 for each of the fiscal years 1995 through 1998.

12 “(2) ALLOCATION OF FUNDS BY SECRETARY.—

13 Of the amounts appropriated under paragraph (1)  
 14 for a fiscal year in excess of \$15,000,000, the Sec-  
 15 retary shall make available not less than \$3,000,000  
 16 for activities to improve access to health care serv-  
 17 ices for individuals with limited English proficiency,  
 18 including activities identified in subsection (b)(4).”.

19 **SEC. 102. AGENCY OFFICES OF MINORITY HEALTH.**

20 Title XVII (42 U.S.C. 300u et seq.) is amended by  
 21 adding at the end the following new section:

22 **“SEC. 1709. AGENCY OFFICES OF MINORITY HEALTH.**

23 “(a) IN GENERAL.—The Secretary, acting through  
 24 the Deputy Assistant Secretary for Minority Health, shall  
 25 ensure that an Office of Minority Health is established

1 and operating at the Centers for Disease Control and Pre-  
2 vention, the Health Resources and Services Administra-  
3 tion, the Substance Abuse and Mental Health Administra-  
4 tion, and the Agency for Health Care Policy and Research.  
5 Such Offices shall be established to ensure that services  
6 and programs carried out within each such respective  
7 agency or office—

8           “(1) are equitably delivered with respect to ra-  
9       cial and ethnic groups;

10           “(2) provide culturally competent services; and

11           “(3) utilize racial and ethnic minority commu-  
12       nity-based organizations to deliver services.

13       “(b) REPORTS.—Each Office of Minority Health  
14 within the Department of Health and Human Services  
15 shall submit a report, not later than May 1 of each year,  
16 to the Deputy Assistant Secretary for Minority Health (as  
17 provided for in section 1707(a)) describing the accom-  
18 plishments or programs of the plan, the budget allocation  
19 and expenditures for, and the development and implemen-  
20 tation of, such health programs targeting racial and ethnic  
21 minority populations. The Secretary shall ensure the par-  
22 ticipation and cooperation of each Agency in the develop-  
23 ment of the annual report.”.

1 **SEC. 103. STATE OFFICES OF MINORITY HEALTH.**

2 Title XVII (42 U.S.C. 300u et seq.), as amended by  
3 section 102, is further amended by adding at the end the  
4 following new section:

5 **“SEC. 1710. GRANTS TO STATES FOR OPERATION OF OF-**  
6 **FICES OF MINORITY HEALTH.**

7 “(a) IN GENERAL.—The Secretary, acting through  
8 the Deputy Assistant Secretary for Minority Health (as  
9 provided for in section 1707), may make grants to States  
10 for the purpose of improving the health status in minority  
11 communities, through the operation of State offices of mi-  
12 nority health established to monitor and facilitate the  
13 achievement of the Health Objectives for the Year 2000  
14 as they affect minority populations.

15 “(b) ADMINISTRATION OF PROGRAM.—The Secretary  
16 may not make a grant to a State under subsection (a)  
17 unless such State agrees that the program carried out by  
18 the State with amounts received under the grant will be  
19 administered directly by a single State agency.

20 “(c) CERTAIN REQUIRED ACTIVITIES.—The Sec-  
21 retary may not make a grant to a State under subsection  
22 (a) unless such State agrees that activities carried out by  
23 an office operated under the grant received pursuant to  
24 such subsection will—

1           “(1) establish and maintain within the State a  
2           clearinghouse for collecting and disseminating infor-  
3           mation on—

4                   “(A) minority health care issues;

5                   “(B) research findings relating to minority  
6           health care; and

7                   “(C) innovative approaches to the delivery  
8           of health care and social services in minority  
9           communities;

10           “(2) coordinate the activities carried out in the  
11           State that relate to minority health care, including  
12           providing coordination for the purpose of avoiding  
13           redundancy in such activities;

14           “(3) identify Federal and State programs re-  
15           garding minority health, and providing technical as-  
16           sistance to public and nonprofit entities regarding  
17           participation in such program; and

18           “(4) develop additional Health People 2000 ob-  
19           jectives for the State that are necessary to address  
20           the most prevalent morbidity and mortality concerns  
21           for racial and ethnic minority groups in the State.

22           “(d) REQUIREMENT REGARDING ANNUAL BUDGET  
23   OFFICE.—The Secretary may not make a grant to a State  
24   under subsection (a) unless such State agrees that, for any  
25   fiscal year for which the State receives such a grant, the

1 office operated under such grant will be provided with an  
2 annual budget of not less than \$75,000.

3 “(e) CERTAIN USES OF FUNDS.—

4 “(1) RESTRICTIONS.—The Secretary may not  
5 make a grant to a State under subsection (a) unless  
6 such State agrees that—

7 “(A) if research with respect to minority  
8 health is conducted pursuant to the grant, not  
9 more than 10 percent of the amount received  
10 under the grant will be expended for such re-  
11 search; and

12 “(B) amounts provided under the grant  
13 will not be expended—

14 “(i) to provide health care (including  
15 providing cash payments regarding such  
16 care);

17 “(ii) to conduct activities for which  
18 Federal funds are expended—

19 “(I) within the State to provide  
20 technical and other nonfinancial as-  
21 sistance under subsection (m) of sec-  
22 tion 340A;

23 “(II) under a memorandum of  
24 agreement entered into with the State

1 under subsection (h) of such section;  
2 or

3 “(III) under a grant under sec-  
4 tion 388I;

5 “(iii) to purchase medical equipment,  
6 to purchase ambulances, aircraft, or other  
7 vehicles, or to purchase major communica-  
8 tions equipment;

9 “(iv) to purchase or improve real  
10 property; or

11 “(v) to carry out any activity regard-  
12 ing a certificate of need.

13 “(2) AUTHORITIES.—Activities for which a  
14 State may expend amounts received under a grant  
15 under subsection (a) include—

16 “(A) paying the costs of establishing an of-  
17 fice of minority health for purposes of sub-  
18 section (a);

19 “(B) subject to paragraph (1)(B)(ii)(III),  
20 paying the costs of any activity carried out with  
21 respect to recruiting and retaining health pro-  
22 fessionals to serve in minority communities or  
23 underserved areas in the State; and

1           “(C) providing grants and contracts to  
2           public and nonprofit entities to carry out activi-  
3           ties authorized in this section.

4           “(f) REPORTS.—The Secretary may not make a  
5           grant to a State under subsection (a) unless such State  
6           agrees—

7           “(1) to submit to the Secretary reports contain-  
8           ing such information as the Secretary may require  
9           regarding activities carried out under this section by  
10          the State; and

11          “(2) to submit a report not later than January  
12          10 of each fiscal year immediately following any fis-  
13          cal year for which the State has received such a  
14          grant.

15          “(g) REIMBURSEMENT OF APPLICATION.—The Sec-  
16          retary may not make a grant to a State under subsection  
17          (a) unless an application for the grant is submitted to the  
18          Secretary and the application in such form, is made in  
19          such manner, and contains such agreements, assurances,  
20          and information as the Secretary determines to be nec-  
21          essary to carry out such subsection.

22          “(h) NONCOMPLIANCE.—The Secretary may not  
23          make payments under subsection (a) to a State for any  
24          fiscal year subsequent to the first fiscal year of such pay-  
25          ments unless the Secretary determines that, for the imme-

1 diately preceding fiscal year, the State has complied with  
 2 each of the agreements made by the State under this sec-  
 3 tion.

4 “(i) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—For purposes of making  
 6 grants under subsection (a) there are authorized to  
 7 be appropriated \$3,000,000 for fiscal year 1995,  
 8 \$4,000,000 for fiscal year 1996, and \$3,000,000 for  
 9 fiscal year 1997.

10 “(2) AVAILABILITY.—Amounts appropriated  
 11 under paragraph (1) shall remain available until ex-  
 12 pended.

13 “(j) TERMINATION OF PROGRAM.—No grant may be  
 14 made under this section after the aggregate amounts ap-  
 15 propriated under subsection (i)(1) are equal to  
 16 \$10,000,000.”.

17 **SEC. 104. ASSISTANT SECRETARY OF HEALTH AND HUMAN**  
 18 **SERVICES FOR CIVIL RIGHTS.**

19 (a) IN GENERAL.—Part A of title II (42 U.S.C. 202  
 20 et seq.), as amended by section 2010 of Public Law 103–  
 21 43, is amended by adding at the end the following new  
 22 section:

23 **“SEC. 229. ASSISTANT SECRETARY FOR CIVIL RIGHTS.**

24 “(a) ESTABLISHMENT OF POSITION.—There shall be  
 25 in the Department of Health and Human Services an As-

1 sistant Secretary for Civil Rights, who shall be appointed  
 2 by the President, by and with the advice and consent of  
 3 the Senate.

4 “(b) RESPONSIBILITIES.—The Assistant Secretary  
 5 shall perform such functions relating to civil rights as the  
 6 Secretary may assign.”.

7 (b) CONFORMING AMENDMENT.—Section 5315 of  
 8 title 5, United States Code, is amended, in the item relat-  
 9 ing to Assistant Secretaries of Health and Human Serv-  
 10 ices, by striking “(5)” and inserting “(6)”.

## 11 **TITLE II—HEALTH SERVICES**

### 12 **SEC. 201. COMMUNITY SCHOLARSHIP PROGRAMS.**

13 Section 338L (42 U.S.C. 254t) is amended—

14 (1) in subsection (a), by striking “health man-  
 15 power shortage areas” and inserting “Federally-des-  
 16 igned health professional shortage areas”;

17 (2) in subsection (c)—

18 (A) by striking “health manpower shortage  
 19 areas” and inserting “Federally-designated  
 20 health professional shortage areas” in the mat-  
 21 ter preceding paragraph (1); and

22 (B) by striking “in the health manpower  
 23 shortage areas in which the community organi-  
 24 zations are located,” and inserting “in a Feder-  
 25 ally-designated health professional shortage

1 area that is served by the community organiza-  
2 tion awarding the scholarship,” in paragraph  
3 (2);

4 (3) in subsection (e)(1)—

5 (A) by striking “health manpower shortage  
6 area” and inserting “Federally-designated  
7 health professional shortage area”; and

8 (B) by striking “in which the community”  
9 and all that follows through “located”;

10 (4) in subsection (k)(2), by striking “internal  
11 medicine” and all that follows through the end  
12 thereof and inserting “general internal medicine,  
13 general pediatrics, obstetrics and gynecology, den-  
14 tistry, or mental health, that are provided by physi-  
15 cians or other health professionals.”; and

16 (5) in subsection (l)(1), by striking  
17 “\$5,000,000” and all that follows through “1993”  
18 and inserting “\$1,000,000 for fiscal year 1994, and  
19 such sums as may be necessary for each of the fiscal  
20 years 1995 and 1996”.

21 **SEC. 202. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**  
22 **HOUSING.**

23 Section 340A(p)(1) (42 U.S.C. 256a(p)(1)) is amend-  
24 ed—

1           (1) by striking “\$35,000,000 for fiscal year  
2           1991” and inserting “\$12,000,000 for fiscal year  
3           1994”; and

4           (2) by striking “1992 and 1993” and inserting  
5           “1995 and 1996”.

6 **SEC. 203. ISSUANCE OF REGULATIONS REGARDING LAN-**  
7 **GUAGE AS IMPEDIMENT TO RECEIPT OF**  
8 **SERVICES.**

9           (a) PROPOSED RULE.—Not later than the expiration  
10 of the 90-day period beginning on the date of the enact-  
11 ment of this Act, the Secretary of Health and Human  
12 Services (in this section referred to as the “Secretary”)  
13 shall issue a proposed rule regarding policies to reduce the  
14 extent to which having limited English proficiency con-  
15 stitutes a significant impediment to individuals in estab-  
16 lishing the eligibility of the individuals for participation  
17 in health programs under the Public Health Service Act  
18 or in receiving services under such programs.

19           (b) FINAL RULE.—

20           (1) IN GENERAL.—Not later than the expira-  
21 tion of the 1-year period beginning on the date of  
22 the enactment of this Act, the Secretary shall issue  
23 a final rule regarding the policies described in sub-  
24 section (a).

1           (2) FAILURE TO ISSUE BY DATE CERTAIN.—If  
 2       the Secretary fails to issue a final rule under para-  
 3       graph (1) before the expiration of the period speci-  
 4       fied in such paragraph, the proposed rule issued  
 5       under subsection (a) is upon such expiration deemed  
 6       to be the final rule under paragraph (1) (and shall  
 7       remain in effect until the Secretary issues a final  
 8       rule under such paragraph).

9   **SEC. 204. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

10       Section 10 of the Disadvantaged Minority Health Im-  
 11       provement Act of 1990 (42 U.S.C. 254c-1) is amended—

12           (1) in subsection (b)—

13               (A) in paragraph (2)—

14                   (i) by inserting “, substance abuse”  
 15                   after “availability of health”; and

16                   (ii) by striking “, including improved  
 17                   health data systems”;

18               (B) in paragraph (3)—

19                   (i) by striking “manpower” and in-  
 20                   serting “care providers”; and

21                   (ii) by striking “by—” and all that  
 22                   follows through the end thereof and insert-  
 23                   ing a semicolon;

24               (C) by striking paragraphs (5) and (6);

1 (D) by redesignating paragraphs (7), and  
2 (8) as paragraphs (5) and (6), respectively;

3 (E) in paragraph (5) (as so redesignated),  
4 by striking “and” at the end thereof;

5 (F) in paragraph (6) (as so redesignated),  
6 by striking the period and inserting a semi-  
7 colon; and

8 (G) by inserting after paragraph (6) (as so  
9 redesignated), the following new paragraphs:

10 “(7) to provide primary health care, preventive  
11 health care, and related training to American Sa-  
12 moan health care professionals; and

13 “(8) to improve access to health promotion and  
14 disease prevention services for rural American  
15 Samoa;

16 (2) in subsection (f)—

17 (A) by striking “there is” and inserting  
18 “there are”; and

19 (B) by striking “\$10,000,000” and all that  
20 follows through “1993” and inserting  
21 “\$3,000,000 for each of the fiscal years 1994  
22 through 1996”; and

23 (3) by adding at the end thereof the following  
24 new subsection:

25 “(g) STUDY AND REPORT.—

1           “(1) STUDY.—Not later than 180 days after  
 2           the date of enactment of this subsection, the Sec-  
 3           retary, acting through the Administrator of the  
 4           Health Resources and Services Administration, shall  
 5           enter into a contract with a public or nonprofit pri-  
 6           vate entity for the conduct of a study to determine  
 7           the effectiveness of projects funded under this sec-  
 8           tion.

9           “(2) REPORT.—Not later than July 1, 1995,  
 10          the Secretary shall prepare and submit to the Com-  
 11          mittee on Labor and Human Resources of the Sen-  
 12          ate and the Committee on Energy and Commerce of  
 13          the House of Representatives a report describing the  
 14          findings made with respect to the study conducted  
 15          under paragraph (1).”.

## 16                   **TITLE III—HEALTH** 17                   **PROFESSIONS**

### 18   **SEC. 301. LOANS FOR DISADVANTAGED STUDENTS.**

19          Section 724(f)(1) (42 U.S.C. 292t(f)(1)) is amend-  
 20   ed—

21               (1) by striking “there is” and inserting “there  
 22               are”; and

23               (2) by striking “\$15,000,000 for fiscal year  
 24               1993” and inserting “\$8,000,000 for fiscal year

1       1994, and such sums as may be necessary for each  
2       of the fiscal years 1995 and 1996”.

3   **SEC. 302. CESAR CHAVEZ SCHOLARSHIP PROGRAM.**

4       Section 736 (42 U.S.C. 293) is amended—

5           (1) by striking the section heading and insert-  
6       ing the following:

7   **“SEC. 736. CESAR CHAVEZ SCHOLARSHIP PROGRAM.**

8           (2) in subsection (c)—

9           (A) by striking “there is” and inserting  
10       “there are”; and

11          (B) by striking “\$11,000,000 for fiscal  
12       year 1993” and inserting “\$10,500,000 for fis-  
13       cal year 1994, and such sums as may be nec-  
14       essary for each of the fiscal years 1995 and  
15       1996”.

16   **SEC. 303. THURGOOD MARSHALL SCHOLARSHIP PROGRAM.**

17       Section 737 (42 U.S.C. 293a) is amended—

18           (1) by striking the section heading and insert-  
19       ing the following:

20   **“SEC. 737. THURGOOD MARSHALL SCHOLARSHIP PRO-**  
21       **GRAM.”;**

22           (2) in subsection (a)—

23           (A) in paragraph (1), by inserting “(to be  
24       known as Thurgood Marshall Scholars)” after  
25       “providing scholarships to individuals”; and

1 (B) in paragraph (3), by inserting after  
 2 “public health,” schools offering programs for  
 3 the training of physician assistants,”.

4 (3) in subsection (h), by striking paragraph (1)  
 5 and inserting the following new paragraph:

6 “(1) AUTHORIZATION OF APPROPRIATIONS.—  
 7 For the purpose of carrying out this section, there  
 8 are authorized to be appropriated \$17,100,000 for  
 9 fiscal year 1994, and such sums as may be nec-  
 10 essary for each of the fiscal years 1995 and 1996.”.

11 **SEC. 304. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**  
 12 **ING FACULTY POSITIONS AT HEALTH PRO-**  
 13 **FESSIONS SCHOOLS.**

14 Section 738 (42 U.S.C. 293b) is amended—

15 (1) in subsection (a)—

16 (A) in paragraph (2), by striking “dis-  
 17 advantaged backgrounds who—” and inserting  
 18 “racial or ethnic groups that are  
 19 underrepresented in the health professions  
 20 who—”

21 (B) in paragraph (5)—

22 (i) by striking “; and” in subpara-  
 23 graph (A) and inserting a period;

24 (ii) by striking “unless—” and all  
 25 that follows through “the individual in-

1                   volved” in subparagraph (A) and inserting  
 2                   “unless the individual involved”; and  
 3                   (iii) striking subparagraph (B);  
 4                   (C) by striking paragraph (6); and  
 5                   (D) by redesignating paragraph (7) as  
 6                   paragraph (6); and  
 7                   (2) in subsection (b)(2)(B), by striking  
 8                   “\$30,000” and inserting “\$50,000”;  
 9                   (3) in subsection (c)—  
 10                   (A) by striking “there is” and inserting  
 11                   “there are”; and  
 12                   (B) by striking “\$4,000,000 for fiscal year  
 13                   1993” and inserting “\$1,100,000 for fiscal year  
 14                   1994, and such sums as may be necessary for  
 15                   each of the fiscal years 1995 and 1996”.

16 **SEC. 305. CENTERS OF EXCELLENCE.**

17           Section 739 (42 U.S.C. 293c) is amended—

18                   (1) in subsection (b)—  
 19                   (A) in paragraph (2), by inserting before  
 20                   the semicolon the following: “through collabora-  
 21                   tion with public and nonprofit private entities  
 22                   to carry out community-based programs to pre-  
 23                   pare students in secondary schools and institu-  
 24                   tions of higher education for attendance at the  
 25                   health professions school”;

1 (B) in paragraph (4), by striking “and” at  
2 the end thereof;

3 (C) in paragraph (5), by striking the pe-  
4 riod and inserting “; and”; and

5 (D) by adding at the end thereof the fol-  
6 lowing new paragraph:

7 “(6) to carry out a program to provide training  
8 to the students of the school to enable such students  
9 to provide health services to minority individuals at  
10 community-based health facilities that provide such  
11 services to a significant number of minority individ-  
12 uals and that are located at a site remote from the  
13 main site of the teaching facilities of the school.”;

14 (2) in subsection (e)—

15 (A) by striking the subsection heading and  
16 inserting “AUTHORITY REGARDING CONSOR-  
17 TIA.—”;

18 (B) by striking paragraph (1) and insert-  
19 ing the following new paragraph:

20 “(1) IN GENERAL.—The Secretary may make a  
21 grant under subsection (a) to any school of medi-  
22 cine, osteopathic medicine, dentistry, clinical psy-  
23 chology, or pharmacy that has in accordance with  
24 paragraph (2) formed a consortium of schools.”;

1 (C) in paragraph (2), by striking subpara-  
2 graphs (A) through (D) and inserting the fol-  
3 lowing new subparagraphs:

4 “(A) the consortium consists of—

5 “(i) the health professions school  
6 seeking the grant under subsection (a);  
7 and

8 “(ii) one or more schools of medicine,  
9 osteopathic medicine, dentistry, pharmacy,  
10 nursing, allied health, public health, clinical  
11 psychology, or graduate programs in  
12 mental health practice;

13 “(B) the schools of the consortium have  
14 entered into an agreement for the allocation of  
15 such grant among the schools; and

16 “(C) each of the schools agrees to expend  
17 the grant in accordance with this section.”; and

18 (D) by adding at the end the following  
19 paragraph:

20 “(3) AUTHORITY FOR COLLECTIVELY MEETING  
21 RELEVANT REQUIREMENTS IN CERTAIN CASES.—

22 With respect to meeting the conditions specified in  
23 subsection (c)(4) for Native American Centers of  
24 Excellence, the Secretary may make a grant to any  
25 school that has in accordance with paragraphs (1)

1 and (2) formed a consortium of schools that meets  
 2 such conditions (without regard to whether the  
 3 schools of the consortium individually meet such  
 4 conditions).’; and

5 (3) in subsection (i)—

6 (A) in paragraph (1), by striking “such  
 7 sums as may be necessary for fiscal year 1993”  
 8 and inserting “\$25,000,000 for fiscal year  
 9 1994, and such sums as may be necessary for  
 10 each of the fiscal years 1995 and 1996”; and

11 (B) in paragraph (2)(C) by adding at the  
 12 end the following: “Health professions schools  
 13 described in subsection (c)(2)(A) shall be eligi-  
 14 ble for grants under this subparagraph in a fis-  
 15 cal year if the amount appropriated for the fis-  
 16 cal year under paragraph (1) is greater than  
 17 \$23,500,000. Such schools shall be eligible to  
 18 apply only for grants made from the portion of  
 19 such amount that exceeds \$23,500,000.”.

20 **SEC. 306. EDUCATIONAL ASSISTANCE REGARDING UNDER-**  
 21 **GRADUATES.**

22 Section 740 (42 U.S.C. 293d) is amended—

23 (1) in subsection (a)(1), by adding at the end  
 24 the following new sentence: “To be eligible for such  
 25 a grant, a school shall have in place a program to

1 assist individuals from disadvantaged backgrounds  
 2 in gaining entry into a health professions school or  
 3 completing the course of study at such a school.”;

4 (2) in subsection (d)(1)—

5 (A) by striking “there is” and inserting  
 6 “there are”; and

7 (B) by striking “1993” and inserting  
 8 “1994, and such sums as may be necessary for  
 9 each of the fiscal years 1995 and 1996”.

10 (3) in subsection (d)(2)(B), by adding at the  
 11 end thereof the following new sentence: “Scholarship  
 12 recipients under this section shall be known as  
 13 ‘Cesar Chavez Primary Care Scholars.’”.

14 **SEC. 307. AREA HEALTH EDUCATION CENTERS.**

15 Section 746(d)(2)(D) (42 U.S.C. 293j(d)(2)(D)) is  
 16 amended by inserting “and minority health” after “dis-  
 17 ease prevention”.

18 **TITLE IV—RESEARCH AND DATA**  
 19 **COLLECTION**

20 **SEC. 401. OFFICE OF RESEARCH ON MINORITY HEALTH.**

21 Section 404 (42 U.S.C. 283b), as added by section  
 22 151 of Public Law 103–43, is amended by adding at the  
 23 end the following subsections:

24 “(c) PLAN.—The Director of the Office, shall collabo-  
 25 rate with the Deputy Assistant Secretary for Minority

1 Health (as provided for in section 1707), to develop and  
 2 implement a plan for carrying out the duties required by  
 3 subsection (b). The Director, in consultation with the Dep-  
 4 uty Assistant Secretary for Minority Health, shall review  
 5 the plan not less often than annually, and revise the plan  
 6 as appropriate.

7 “(d) EQUITY REGARDING VARIOUS GROUPS.—The  
 8 Director of the Office shall ensure that activities under  
 9 subsection (b) address equitably all minority groups.

10 “(e) ADVISORY COMMITTEE.—

11 “(1) ESTABLISHMENT.—In carrying out sub-  
 12 section (b), the Secretary shall establish an advisory  
 13 committee to be known as the Advisory Committee  
 14 on Research on Minority Health (in this subsection  
 15 referred to as the ‘Advisory Committee’).

16 “(2) COMPOSITION.—

17 “(A) VOTING AND NONVOTING MEM-  
 18 BERS.—The Advisory Committee shall be com-  
 19 posed of voting members appointed in accord-  
 20 ance with subparagraph (B) and the ex officio  
 21 nonvoting members described in subparagraph  
 22 (C).

23 “(B) VOTING MEMBERS.—The Advisory  
 24 Committee shall include not fewer than 12, and  
 25 not more than 18, voting members who are not

1 officers or employees of the Federal Govern-  
2 ment. The Director of the Office shall appoint  
3 such members to the Advisory Committee from  
4 among physicians, practitioners, scientists, con-  
5 sumers and other health professionals, whose  
6 clinical practices, research specialization, or  
7 professional expertise includes a significant  
8 focus on research on minority health or on the  
9 barriers that minorities must overcome to par-  
10 ticipate in clinical trials. The membership of the  
11 Advisory Committee shall be equitably rep-  
12 resentative of the minority groups served by the  
13 Office.

14 “(C) EX OFFICIO NONVOTING MEMBERS.—  
15 The Deputy Assistant Secretary for Minority  
16 Health and the Directors of each of the na-  
17 tional research entities shall serve as ex officio  
18 nonvoting members of the Advisory Committee  
19 (except that any of such Directors may des-  
20 ignate an official of the institute involved to  
21 serve as such member of the Committee in lieu  
22 of the Director).

23 “(3) CHAIRPERSON.—The Director of the Of-  
24 fice shall serve as the chairperson of the Advisory  
25 Committee.

1           “(4) DUTIES.—The Advisory Committee  
2 shall—

3           “(A) advise the Director of the Office on  
4 appropriate research activities to be undertaken  
5 by the national research institutes with respect  
6 to—

7                   “(i) research on minority health;

8                   “(ii) research on racial and ethnic dif-  
9 ferences in clinical drug trials, including  
10 responses to pharmacological drugs;

11                   “(iii) research on racial and ethnic  
12 differences in disease etiology, course, and  
13 treatment; and

14                   “(iv) research on minority health con-  
15 ditions which require a multidisciplinary  
16 approach;

17           “(B) report to the Director of the Office  
18 on such research;

19           “(C) provide recommendations to such Di-  
20 rector regarding activities of the Office (includ-  
21 ing recommendations on priorities in carrying  
22 out research described in subparagraph (A));  
23 and

1           “(D) assist in monitoring compliance with  
2           section 492B regarding the inclusion of minori-  
3           ties in clinical research.

4           “(5) BIENNIAL REPORT.—

5           “(A) PREPARATION.—The Advisory Com-  
6           mittee shall prepare a biennial report describing  
7           the activities of the Committee, including find-  
8           ings made by the Committee regarding—

9                   “(i) compliance with section 492B;

10                   “(ii) the extent of expenditures made  
11                   for research on minority health by the  
12                   agencies of the National Institutes of  
13                   Health; and

14                   “(iii) the level of funding needed for  
15                   such research.

16           “(B) SUBMISSION.—The report required in  
17           subparagraph (A) shall be submitted to the Di-  
18           rector of the National Institutes of Health for  
19           inclusion in the report required in section 403.

20           “(f) REPRESENTATIVES OF MINORITIES AMONG RE-  
21           SEARCHERS.—The Secretary, acting through the Assist-  
22           ant Secretary for Personnel Administration and in collabo-  
23           ration with the Director of the Office, shall determine the  
24           extent to which minorities are represented among senior  
25           physicians and scientists of the national research insti-

1 tutes and among physicians and scientists conducting re-  
 2 search with funds provided by such institutes, and as ap-  
 3 propriate, carry out activities to increase the extent of  
 4 such representation.

5 “(g) DEFINITIONS.—For purposes of this part:

6 “(1) MINORITY HEALTH CONDITIONS.—The  
 7 term ‘minority health conditions’, with respect to in-  
 8 dividuals who are members of minority groups,  
 9 means all diseases, disorders, and conditions (includ-  
 10 ing with respect to mental health)—

11 “(A) unique to, more serious, or more  
 12 prevalent in such individuals;

13 “(B) for which the factors of medical risk  
 14 or types of medical intervention are different  
 15 for such individuals, or for which it is unknown  
 16 whether such factors or types are different for  
 17 such individuals; or

18 “(C) with respect to which there has been  
 19 insufficient research involving such individuals  
 20 as subjects or insufficient data on such individ-  
 21 uals.

22 “(2) RESEARCH ON MINORITY HEALTH.—The  
 23 term ‘research on minority health’ means research  
 24 on minority health conditions, including research on  
 25 preventing such conditions.

1 “(3) MINORITY GROUPS.—The term ‘minority  
2 groups’ means Blacks, American Indians, Alaskan  
3 Natives, Asian/Pacific Islanders, and Hispanics, in-  
4 cluding subpopulations of such groups.”.

5 **SEC. 402. NATIONAL CENTER FOR HEALTH STATISTICS.**

6 (a) IN GENERAL.—Section 306 (42 U.S.C. 242k) is  
7 amended—

8 (1) in subsection (c), by striking “Committee on  
9 Human Resources” and inserting “Committee on  
10 Labor and Human Resources”;

11 (2) in subsection (g), by striking “data which  
12 shall be published” and all that follows and inserting  
13 “data.”;

14 (3) in subsection (k)(2)—

15 (A) in subparagraph (A)—

16 (i) by striking the subparagraph des-  
17 ignation; and

18 (ii) by striking “Except as provided in  
19 subparagraph (B), members” and inserting  
20 “Members”; and

21 (B) by striking subparagraph (B);

22 (4) in subsection (l)—

23 (A) by striking paragraph (3);

24 (B) by redesignating paragraph (4) as  
25 paragraph (3); and

1 (C) in paragraph (3) (as so redesignated),  
2 by striking “paragraphs (1), (2), and (3),” and  
3 inserting “paragraphs (1) and (2),”; and  
4 (5) in subsection (o)—

5 (A) in paragraph (1), by striking “1991  
6 through 1993” and inserting “1994 through  
7 1997”; and

8 (B) in paragraph (2), by striking  
9 “\$5,000,000” and all that follows through  
10 “1993” and inserting “\$1,100,000 for fiscal  
11 year 1994, and such sums as may be necessary  
12 for each of the fiscal years 1995 through  
13 1997”.

14 (b) GENERAL AUTHORITY RESPECTING RESEARCH,  
15 EVALUATIONS, AND DEMONSTRATIONS.—Section 304 (42  
16 U.S.C. 242b) is amended by striking subsection (d).

17 (c) GENERAL PROVISIONS RESPECTING EFFECTIVE-  
18 NESS, EFFICIENCY, AND QUALITY OF HEALTH SERV-  
19 ICES.—Section 308 (42 U.S.C. 242m) is amended—

20 (1) in subsection (a)—

21 (A) in paragraph (1)—

22 (i) by striking subparagraph (A); and

23 (ii) by redesignating subparagraphs

24 (B) through (E) as subparagraphs (A)

25 through (D), respectively; and

- 1 (B) in paragraph (2), by striking “reports  
2 required by subparagraphs” and all that follows  
3 through “Center” and inserting the following:  
4 “reports required in paragraph (1) shall be pre-  
5 pared through the National Center”;
- 6 (2)(A) by striking subsection (c);
- 7 (B) by transferring paragraph (2) of subsection  
8 (g) from the current location of the paragraph;
- 9 (C) by redesignating such paragraph as sub-  
10 section (c);
- 11 (D) by inserting subsection (c) (as so redesign-  
12 nated) after subsection (b); and
- 13 (E) by striking the remainder of subsection (g);
- 14 (3) in subsection (c) (as so redesignated)—
- 15 (A) by striking “shall (A) take” and in-  
16 serting “shall take”; and
- 17 (B) by striking “and (B) publish” and in-  
18 serting “and shall publish”;
- 19 (4) in subsection (f), by striking “sections  
20 3648” and all that follows and inserting “section  
21 3324 of title 31, United States Code, and section  
22 3709 of the Revised Statutes (41 U.S.C. 5).”; and
- 23 (5) by striking subsection (h).

1 **SEC. 403. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**  
 2 **ICY AND RESEARCH.**

3 Section 902(b) (42 U.S.C. 299a(b)) is amended to  
 4 read as follows:

5 “(b) REQUIREMENTS WITH RESPECT TO CERTAIN  
 6 POPULATIONS.—In carrying out subsection (a), the Ad-  
 7 ministrator shall undertake and support research, dem-  
 8 onstration projects, and evaluations with respect to the  
 9 health status of, and the delivery of health care to—

10 “(1) the populations of medically underserved  
 11 urban or rural areas (including frontier areas); and

12 “(2) low-income groups, minority groups, and  
 13 the elderly.”.

14 **TITLE V—MISCELLANEOUS**

15 **SEC. 501. REVISION AND EXTENSION OF PROGRAM FOR**  
 16 **STATE OFFICES OF RURAL HEALTH.**

17 (a) MATCHING FUNDS.—Section 338J(b) (42 U.S.C.  
 18 254r(b)) is amended to read as follows:

19 “(b) REQUIREMENT OF MATCHING FUNDS.—

20 “(1) IN GENERAL.—With respect to the costs to  
 21 be incurred by a State in carrying out the purpose  
 22 described in subsection (a), the Secretary may not  
 23 make a grant under such subsection unless the State  
 24 agrees to provide non-Federal contributions toward  
 25 such costs, in cash, in an amount that is not less

1       than \$1 for each \$1 of Federal funds provided in the  
2       grant.

3           “(2) DETERMINATION OF AMOUNT CONTRIB-  
4       UTED.—In determining the amount of non-Federal  
5       contributions in cash that a State has provided pur-  
6       suant to paragraph (1), the Secretary may not in-  
7       clude any amounts provided to the State by the Fed-  
8       eral Government.”.

9       (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
10   338J(j)(1) (42 U.S.C. 254r(j)(1)) is amended—

11           (1) by striking “and” after “1992,”; and

12           (2) by inserting before the period the following:  
13       “, and \$5,000,000 for each of the fiscal years 1994  
14       through 1996”.

15       (c) TERMINATION OF PROGRAM.—Section 338J(k)  
16   (42 U.S.C. 254r(k)) is amended by striking “\$10,000,000”  
17   and inserting “\$20,000,000”.

18   **SEC. 502. TECHNICAL CORRECTIONS RELATING TO HEALTH**  
19           **PROFESSIONS.**

20       (a) HEALTH EDUCATION ASSISTANCE LOAN  
21   DEFERMENT FOR BORROWERS PROVIDING HEALTH  
22   SERVICES TO INDIANS.—

23           (1) IN GENERAL.—Section 705(a)(2)(C) is  
24       amended by striking “and (x)” and inserting “(x)  
25       not in excess of three years, during which the bor-

1       rower is providing health care services to Indians  
 2       through an Indian health program (as defined in  
 3       section 108(a)(2)(A) of the Indian Health Care Im-  
 4       provement Act (25 U.S.C. 1616a(a)(2)(A)); and  
 5       (xi)’’.

6               (2) CONFORMING AMENDMENTS.—Section  
 7       705(a)(2)(C) is further amended—

8               (A) in clause (xi) (as so redesignated) by  
 9       striking ‘‘(ix)’’ and inserting ‘‘(x)’’; and

10              (B) in the matter following such clause  
 11       (xi), by striking ‘‘(x)’’ and inserting ‘‘(xi)’’.

12              (3) EFFECTIVE DATE.—The amendments made  
 13       by this subsection shall apply with respect to serv-  
 14       ices provided on or after the first day of the third  
 15       month that begins after the date of enactment of  
 16       this Act.

17              (b) MAXIMUM STUDENT LOAN PROVISION.—Section  
 18       722(a)(1) (42 U.S.C. 292r(a)(1)), as amended by section  
 19       2014(b)(1) of Public Law 103–43, is amended by striking  
 20       ‘‘the sum of’’ and all that follows through the end thereof  
 21       and inserting ‘‘the cost of attendance (including tuition,  
 22       other reasonable educational expenses, and reasonable liv-  
 23       ing costs) for that year at the educational institution at-  
 24       tended by the student (as determined by such educational  
 25       institution).’’.

1       (c) REQUIREMENT FOR SCHOOLS.—Section  
2 723(b)(1) (42 U.S.C. 292s(b)(1)), as amended by section  
3 2014(c)(2)(A)(ii) of Public Law 103–43 (107 Stat. 216),  
4 is amended by striking “3 years before” and inserting “4  
5 years before”.

6       (d) SERVICE REQUIREMENT FOR PRIMARY CARE  
7 LOAN BORROWERS.—Section 723(a) (42 U.S.C. 292s(a))  
8 is amended in subparagraph (B) of paragraph (1), by  
9 striking “through the date on which the loan is repaid in  
10 full” and inserting “for 5 years after completing the resi-  
11 dency program”.

12       (e) PREFERENCE AND REQUIRED INFORMATION IN  
13 CERTAIN PROGRAMS.—Section 791 (42 U.S.C. 295j) is  
14 amended by adding at the end thereof the following sub-  
15 section:

16       “(d) EXCEPTIONS.—

17               “(1) IN GENERAL.—To permit new programs to  
18 compete equitably for funding under this section,  
19 those new programs that meet the criteria described  
20 in paragraph (3) shall qualify for a funding pref-  
21 erence under this section.

22               “(2) DEFINITION.—As used in this subsection,  
23 the term ‘new program’ means any program that  
24 has graduated less than three classes. Upon grad-  
25 uating at least three classes, a program shall have

1 the capability to provide the information necessary  
2 to qualify the program for the general funding pref-  
3 erences described in subsection (a).

4 “(3) CRITERIA.—The criteria referred to in  
5 paragraph (1) are the following:

6 “(A) The mission statement of the pro-  
7 gram identifies a specific purpose of the pro-  
8 gram as being the preparation of health profes-  
9 sionals to serve underserved populations.

10 “(B) The curriculum of the program in-  
11 cludes content which will help to prepare practi-  
12 tioners to serve underserved populations.

13 “(C) Substantial clinical training experi-  
14 ence is required under the program in medically  
15 underserved communities.

16 “(D) A minimum of 20 percent of the fac-  
17 ulty of the program spend at least 50 percent  
18 of their time providing or supervising care in  
19 medically underserved communities.

20 “(E) The entire program or a substantial  
21 portion of the program is physically located in  
22 a medically underserved community.

23 “(F) Student assistance, which is linked to  
24 service in medically underserved communities

1 following graduation, is available to the stu-  
2 dents in the program.

3 “(G) The program provides a placement  
4 mechanism for deploying graduates to medically  
5 underserved communities.”.

6 (f) PREFERENCES IN MAKING AWARDS.—

7 (1) TITLE VII.—Section 791(a)(1)(A) (42  
8 U.S.C. 295j(a)(1)(A)) is amended by striking “com-  
9 munities; or” and inserting “communities includ-  
10 ing—

11 “(i) ambulatory practice sites des-  
12 ignated by State Governors as shortage  
13 areas or medically underserved commu-  
14 nities for purposes of State scholarships or  
15 loan repayment or related programs; and

16 “(ii) practices or facilities in which  
17 not less than 50 percent of the patients are  
18 recipients of aid under title XIX of the So-  
19 cial Security Act or eligible and uninsured;  
20 or”.

21 (2) TITLE VIII.—Section 860(e)(1)(A)(i) (42  
22 U.S.C. 298b-7(e)(1)(A)(i)) is amended by striking  
23 “communities; or” and inserting “communities in-  
24 cluding—

“(i) ambulatory practice sites designated by State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment or related programs; and

“(ii) practices or facilities in which not less than 50 percent of the patients are recipients of aid under title XIX of the Social Security Act or eligible and uninsured; or”.

(g) GENERALLY APPLICABLE MODIFICATIONS REGARDING OBLIGATED SERVICE.—

(1) IN GENERAL.—Section 795 (42 U.S.C. 295n), is amended—

(A) in subsection (a)(2)—

(i) in subparagraph (A), by striking “speciality in” and inserting “field of”; and

(ii) in subparagraph (B), by striking “speciality” and inserting “field”; and

(B) in subsection (b)(1), in each of subparagraphs (A) and (B), by striking “interest on such amount at the maximum legal prevailing rate” and inserting “interest on such

1 amount at the rate of 12 percent per year  
2 (compounded annually)’’.

3 (2) EFFECTIVE DATE.—Each amendment made  
4 by paragraph (1) shall take effect as if such sub-  
5 section had been enacted immediately after the en-  
6 actment of the Health Professions Education Exten-  
7 sion Amendments of 1992.

8 (h) RECOVERY.—Part G of title VII (42 U.S.C. 295j  
9 et seq.) is amended by inserting after section 795, the fol-  
10 lowing new section:

11 **“SEC. 796. RECOVERY.**

12 “(a) IN GENERAL.—If at any time within 20 years  
13 (or within such shorter period as the Secretary may pre-  
14 scribe by regulation for an interim facility) after the com-  
15 pletion of construction of a facility with respect to which  
16 funds have been paid under section 720(a) (as such sec-  
17 tion existed one day prior to the date of enactment of the  
18 Health Professions Education Extension Amendments of  
19 1992 (Public Law 102–408)—

20 “(1)(A) in case of a facility which was an affili-  
21 ated hospital or outpatient facility with respect to  
22 which funds have been paid under such section  
23 720(a)(1), the owner of the facility ceases to be a  
24 public or other nonprofit agency that would have

1       been qualified to file an application under section  
2       605;

3           “(B) in case of a facility which was not an af-  
4       filiated hospital or outpatient facility but was a facil-  
5       ity with respect to which funds have been paid under  
6       paragraph (1) or (3) of such section 720(a), the  
7       owner of the facility ceases to be a public or non-  
8       profit school, or

9           “(C) in case of a facility which was a facility  
10      with respect to which funds have been paid under  
11      such section 720(a)(2), the owner of the facility  
12      ceases to be a public or nonprofit entity,

13          “(2) the facility ceases to be used for the teach-  
14      ing or training purposes (or other purposes per-  
15      mitted under section 722 (as such section existed  
16      one day prior to the date of enactment of the Health  
17      Professions Education Extension Amendments of  
18      1992 (Public Law 102-408)) for which it was con-  
19      structed, or

20          “(3) the facility is used for sectarian instruction  
21      or as a place for religious worship,

22      the United States shall be entitled to recover from the  
23      owner of the facility the base amount prescribed by sub-  
24      section (c)(1) plus the interest (if any) prescribed by sub-  
25      section (c)(2).

1       “(b) NOTICE.—The owner of a facility which ceases  
2 to be a public or nonprofit agency, school, or entity as  
3 described in subparagraph (A), (B), or (C) of subsection  
4 (a)(1), as the case may be, or the owner of a facility the  
5 use of which changes as described in paragraph (2) or (3)  
6 of subsection (a), shall provide the Secretary written no-  
7 tice of such cessation or change of use within 10 days after  
8 the date on which such cessation or change of use occurs  
9 or within 30 days after the date of enactment of this sub-  
10 section, whichever is later.

11       “(c) AMOUNT.—

12           “(1) BASE AMOUNT.—The base amount that  
13 the United States is entitled to recover under sub-  
14 section (a) is the amount bearing the same ratio to  
15 the then value (as determined by the agreement of  
16 the parties or in an action brought in the district  
17 court of the United States for the district in which  
18 the facility is situated) of the facility as the amount  
19 of the Federal participation bore to the cost of con-  
20 struction.

21           “(2) INTEREST.—

22           “(A) IN GENERAL.—The interest that the  
23 United States is entitled to recover under sub-  
24 section (a) is the interest for the period (if any)  
25 described in subparagraph (B) at a rate (deter-

1           mined by the Secretary) based on the average  
2           of the bond equivalent rates of ninety-one-day  
3           Treasury bills auctioned during that period.

4           “(B) PERIOD.—The period referred to in  
5           subparagraph (A) is the period beginning—

6                   “(i) if notice is provided as prescribed  
7                   by subsection (b), 191 days after the date  
8                   on which the owner of the facility ceases to  
9                   be a public or nonprofit agency, school, or  
10                  entity as described in subparagraph (A),  
11                  (B), or (C) of subsection (a)(1), as the  
12                  case may be, or 191 days after the date on  
13                  which the use of the facility changes as de-  
14                  scribed in paragraph (2) or (3) of sub-  
15                  section (a), or

16                   “(ii) if notice is not provided as pre-  
17                   scribed by subsection (b), 11 days after the  
18                   date on which such cessation or change of  
19                   use occurs,

20           and ending on the date the amount the United  
21           States is entitled to recover is collected.

22           “(d) WAIVER.—The Secretary may waive the recov-  
23   ery rights of the United States under subsection (a)(2)  
24   with respect to a facility (under such conditions as the

1 Secretary may establish by regulation) if the Secretary de-  
 2 termines that there is good cause for waiving such rights.

3 “(e) LIEN.—The right of recovery of the United  
 4 States under subsection (a) shall not, prior to judgment,  
 5 constitute a lien on any facility.”.

6 **SEC. 503. CLINICAL TRAINEESHIPS.**

7 Section 303(d)(1) (42 U.S.C. 242a(d)(1)) is amended  
 8 by inserting “counseling” after “family therapy,”.

9 **SEC. 504. DEMONSTRATION PROJECT GRANTS TO STATES**  
 10 **FOR ALZHEIMER’S DISEASE.**

11 (a) IN GENERAL.—Section 398(a) (42 U.S.C. 280c–  
 12 3(a)) is amended—

13 (1) in the matter preceding paragraph (1), by  
 14 striking “not less than 5, and not more than 15,”;

15 (2) in paragraph (2)—

16 (A) by inserting after “disorders” the fol-  
 17 lowing: “who are living in single family homes  
 18 or in congregate settings”; and

19 (B) by striking “and” at the end;

20 (3) by redesignating paragraph (3) as para-  
 21 graph (4); and

22 (4) by inserting after paragraph (2) the follow-  
 23 ing:

24 “(3) to improve access for individuals with Alz-  
 25 heimer’s disease or related disorders, particularly

1 such individuals from ethnic, cultural, or language  
 2 minorities and such individuals who are living in iso-  
 3 lated rural areas, to services that—

4 “(A) are home-based or community-based  
 5 long-term care services; and

6 “(B) exist on the date of enactment of this  
 7 paragraph; and”.

8 (b) DURATION.—Section 398A (42 U.S.C. 280c-4)  
 9 is amended—

10 (1) in the title, by striking “**LIMITATION**  
 11 **ON**”;

12 (2) in subsection (a)—

13 (A) in the heading, by striking “LIMITA-  
 14 TION ON”; and

15 (B) by striking “may not exceed” and in-  
 16 serting “may exceed”; and

17 (3) in subsection (b), in paragraphs (1)(C) and  
 18 (2)(C), by inserting “, and any subsequent year,”  
 19 after “third year”.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
 21 398B(e) (42 U.S.C. 280c-5(e)) is amended by striking  
 22 “and 1993” and inserting “through 1998”.

23 **SEC. 505. MEDICALLY UNDERSERVED AREA STUDY.**

24 (a) IN GENERAL.—The Secretary of Health and  
 25 Human Services shall conduct a study concerning the fea-

1 sibility and desirability of, and the criteria to be used for,  
2 combining the designations of “health professional short-  
3 age area” and “medically underserved area” into a single  
4 health professional shortage area designation.

5 (b) REQUIREMENTS.—As part of the study conducted  
6 under subsection (a), the Secretary of Health and Human  
7 Services, in considering the statutory and regulatory re-  
8 quirements necessary for the creation of a single health  
9 professional shortage area designation, shall—

10 (1) review and report on the application of cur-  
11 rent statutory and regulatory criteria used—

12 (A) in designating an area as a health pro-  
13 fessional shortage area;

14 (B) in designating an area as a medically  
15 underserved area; and

16 (C) by a State in the determination of the  
17 health professional shortage area designations  
18 of such State; and

19 (2) review the suggestions of public health and  
20 primary care experts.

21 (c) REPORT.—Not later than 1 year after the date  
22 of enactment of this Act, the Secretary of Health and  
23 Human Services shall prepare and submit to the appro-  
24 priate committees of Congress a report concerning the

1 findings of the study conducted under subsection (a) to-  
2 gether with the recommendations of the Secretary.

3 (d) RECOMMENDATIONS.—In making recommenda-  
4 tions under subsection (c), the Secretary of Health and  
5 Human Services shall give special consideration to (and  
6 describe in the report) the unique impact of designation  
7 criteria on different rural and urban populations, and eth-  
8 nic and racial minorities, including—

9 (1) rational service areas, and their application  
10 to frontier areas and inner-city communities;

11 (2) indicators of high medical need, including  
12 fertility rates, infant mortality rates, pediatric popu-  
13 lation, elderly population, poverty rates, and physi-  
14 cian to population ratios; and

15 (3) indicators of insufficient service capacity,  
16 including language proficiency criteria for ethnic  
17 populations, annual patient visits per physician,  
18 waiting times for appointments, waiting times in a  
19 primary care physician office, excessive use of emer-  
20 gency facilities, low annual office visit rate, and de-  
21 mand on physicians in contiguous rural or urban  
22 areas.

1 **SEC. 506. PROGRAMS REGARDING BIRTH DEFECTS.**

2 Section 317C of the Public Health Service Act (42  
3 U.S.C. 247b-4), as added by section 306 of Public Law  
4 102-531 (106 Stat. 3494), is amended to read as follows:

5 “PROGRAMS REGARDING BIRTH DEFECTS

6 “SEC. 317C. (a) The Secretary, acting through the  
7 Director of the Centers for Disease Control and Preven-  
8 tion, shall carry out programs—

9 “(1) to collect, analyze, and make available data  
10 on birth defects, including data on the causes of  
11 such defects and on the incidence and prevalence of  
12 such defects;

13 “(2) to provide information and education to  
14 the public on the prevention of such defects;

15 “(3) to operate regional centers for the conduct  
16 of epidemiologic research and study of such defects,  
17 and to improve the education, training, and clinical  
18 skills of health professionals with respect to the pre-  
19 vention of such defects; and

20 “(4) to carry out demonstration projects for the  
21 prevention of such defects.

22 “(b) NATIONAL CLEARINGHOUSE.—In carrying out  
23 subsection (a)(1), the Secretary shall establish and main-  
24 tain a National Information Clearinghouse on Birth De-  
25 fects to collect and disseminate to health professionals and

1 the general public information on birth defects, including  
2 the prevention of such defects.

3 “(c) GRANTS AND CONTRACTS.—

4 “(1) IN GENERAL.—In carrying out subsection  
5 (a), the Secretary may make grants to and enter  
6 into contracts with public and nonprofit private enti-  
7 ties. Recipients of assistance under this subsection  
8 shall collect and analyze demographic data utilizing  
9 appropriate sources as determined by the Secretary.

10 “(2) SUPPLIES AND SERVICES IN LIEU OF  
11 AWARD FUNDS.—

12 “(A) Upon the request of a recipient of an  
13 award of a grant or contract under paragraph  
14 (1), the Secretary may, subject to subparagraph  
15 (B), provide supplies, equipment, and services  
16 for the purpose of aiding the recipient in carry-  
17 ing out the purposes for which the award is  
18 made and, for such purposes, may detail to the  
19 recipient any officer or employee of the Depart-  
20 ment of Health and Human Services.

21 “(B) With respect to a request described  
22 in subparagraph (A), the Secretary shall reduce  
23 the amount of payments under the award in-  
24 volved by an amount equal to the costs of de-  
25 tailing personnel and the fair market value of

1           any supplies, equipment, or services provided by  
2           the Secretary. The Secretary shall, for the pay-  
3           ment of expenses incurred in complying with  
4           such request, expend the amounts withheld.

5           “(3) APPLICATION FOR AWARD.—The Secretary  
6           may make an award of a grant or contract under  
7           paragraph (1) only if an application for the award  
8           is submitted to the Secretary and the application is  
9           in such form, is made in such manner, and contains  
10          such agreements, assurances, and information as the  
11          Secretary determines to be necessary to carry out  
12          the purposes for which the award is to be made.

13          “(d) BIENNIAL REPORT.—Not later than February  
14 1 of fiscal year 1995 and of every second such year there-  
15 after, the Secretary shall submit to the Committee on En-  
16 ergy and Commerce of the House of Representatives, and  
17 the Committee on Labor and Human Resources of the  
18 Senate, a report that, with respect to the preceding 2 fis-  
19 cal years—

20           “(1) contains information regarding the inci-  
21          dence and prevalence of birth defects and the extent  
22          to which birth defects have contributed to the inci-  
23          dence and prevalence of infant mortality;

1 “(2) contains information under paragraph (1)  
 2 that is specific to various racial and ethnic groups;  
 3 and

4 “(3) contains an assessment of the extent to  
 5 which each approach to preventing birth defects has  
 6 been effective, including a description of effective-  
 7 ness in relation to cost;

8 “(4) describes the activities carried out under  
 9 this section; and

10 “(5) contains any recommendations of the Sec-  
 11 retary regarding this section.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
 13 purpose of carrying out this section, there are authorized  
 14 to be appropriated such sums as may be necessary for  
 15 each of the fiscal years 1994 through 1997.”.

## 16 **TITLE VI—GENERAL** 17 **PROVISIONS**

### 18 **SEC. 601. EFFECTIVE DATE.**

19 This Act and the amendments made by this Act shall  
 20 take effect October 1, 1993, or upon the date of the enact-  
 21 ment of this Act, whichever occurs later.

○

S 1569 IS——2

S 1569 IS——3

S 1569 IS——4

S 1569 IS——5